	lease print or type with ELITE type (12 a.s.	ach) in the unst	naded areas only	For pwed. O	MB No. 2050-002	78. Expires 10-3 SA No. 0246-E	
nes	Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010	Noti-	fication of ated Waste ctivity		TAREB 3	Userbales	
B	of the Resource Conservation and Recovery Act).	United States Enviro	nmental Protection		FICE O	FRCP	لم
62	I. Installation's EPA ID Number (Mark	'X' in the appropriate box				TEST VIEW	To the
0	A. First Notification	<ol> <li>Subsequent Notification (complete item C)</li> </ol>	n C. Installation	0 2 6 3 3	701 	7	
13	II. Name of Installation (Include comp		03/600	06089	1017101		
3	AMERICANIMA	The Control of the Co	ENVE	LOPE		TILL	
K	III. Location of Installation (Physical a	ddress not P.O. Box or A	oute Number)				<b>维要</b>
$\mathcal{C}_{\mathcal{L}}$	Street			TAVA	MECCEL MECCORN	VED	-T
2	4400 W 0 4 / C Street (continued)	STREET				Maria I	
B				$\top$	MAR XS	1995	
$\mathcal{Q}$	City or Town			State ZIP	Code		
	CHICAGO			IL 60	0624		
	County Code County Name						
	IV. Installation Mailing Address (See	Instancional Control					
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	V. Installation Contact (Person to be a	contacted regarding was					
	Name (last) ARCIISZEWSKII		(first)	1/	1111	TIT	T
	AIKICI ISIZIEIWISIKII Job Title		Phone Nu	umber (area code	and number		
	HUMAN RESOU	RCES MG	R. 312	-267	- 360	0	
	VI. Installation Contact Address (See	Instructions)					
	A. Contact Address Location Mailing B. Street or P.	O. Box				F =	
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	Oh T				Code		
	City or Town			State ZIP		TIT	T
	VII. Ownership (See Instructions)						43
	A. Name of Installation's Legal Owner						
	MAIL-WELL C	ORPORAT	101				
	Street, P.O. Box, or Route Number						AND DESCRIPTION OF THE PARTY OF
	23 INVERNES	S WAY E	AST				-
	City or Town				Code	TTT	
	ENGLEWOOD	P. Land Type	C. Owner Type	D. Change of		ate Change	andana M
		B. Land Type	O. Owner Type	Indicate	-	_	Year
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	30131-179101-181012		P	Yes No		2/19	94

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

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FEB 22 1995

Please print or type with ELITE type (12 characters per inch) in the unsheded areas only	Form Approved. OMB No. 2050-0028. Expire 8 No. 31-41 GSA No. 0246-EPA-OT
	ID - For Official Use Only
AMERICAN Mail-WELL	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to	Instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2200 lbs.)  b. 100 to 1000 kg/mo (220-2200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Industrial Boiler  3. Industrial Furnace  4. Water  5. Other - specify  IX. Description of Regulated Wastes (Use additional sheets if necessary)	1. Off-Specification Used Oil Fuel  a. Generator Marketing to Burner  b. Other Marketer  c. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspond	sing to the characteristics of nonlisted hazardous
wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic	
	s waste number(s) for the EP Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to be a seen as the second of th	5 6
C. Other Wastes. (State or other wastes requiring an I.D. number. See instruction	8.)
1 2 3 4	5   6
X. Certification  I certify under penalty of law that I have personally examined and am fame and all attached documents, and that based on my inquiry of those individual obtaining the information, I believe that the submitted information is true that there are significant penalties for submitting false information, in imprisonment.	riduals immediately responsible for , accurate, and complete. I am aware cluding the possibility of fines and
Signature  Name and Official Title (type or prin  MICHAEL DELSKNORE DIR OR	
XV. Comments	
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Sec	tion III of the booklet for addresses.)

EPA Form 8700-12 (01-90) Previous edition is obsolute.

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

(For Official Use Only)
MAR 1 9 1997

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		ID - For Off	icial Use Only
VIII. Type of Regulated Waste Activity (Mark	k 'X' in the appropriate boxes: Re	fer to instructions)	
A. Hazardous Wa			Dil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Dispoinstallation) Note:: A perception of this activities instructions.  4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boller and/or industrial 1. Smelter Deferral 2. Small Quantity Execution of Composition of Compo	Burner  Burner	r Directs Shipment of Used ff-Specification Burner r Who First Claims the Use s the Specifications turner - indicate Type(s) on Device(s) oller at Boller at Furnace ansporter - indicate Type(s) ies) reter Facility ocessor/Re-retiner - indicate Activity(ies)
IX. Description of Hazardous Wastes (Use a  A. Characteristics of Nonlisted Hazardous	Wastes. (Mark 'X' in the boxes	corresponding to the char	acteristics of
nonlisted hazardous wastes your installation  1. Ignitable 2 Corrosive 2. Rescrive 4 Toz (D001) (D002) (D003) Ch			city characteristic contembnant(a))
B. Listed Hazardous Wastes. (See 40 CFR 26	51.31 - 33; See instructions if you	need to list more than 12 w	raste codes.)
7 8	9 10	5:	-12
C. Other Wastes. (State or other wastes requir	ing a handler to have an I.D. num	ber; See instructions.)	
2.	3 4	5	67
X. Certification			A
I certify under penalty of law that this document a system designed to assure that qualified personne or persons who manage the system, or those pers best of my knowledge and belief, true, accurate, an including the possibility of fine and imprisonmen	of properly gather and evaluate the income directly responsible for gather and complete. I am aware the tables and complete.	nformation submitted. Bas	ed on my inquiry of the person
Signature  Millian bile	Name and Official Title (Ty) MICHAEL BILY		Date Signed 3-7-97
XI. Comments	es l'impéra le collection de la les des la les de la les		
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#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590



RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5

REPLY TO THE ATTENTION OF:

May 29, 1997

AMERICAN MAIL-WEIL ENVELOPE CO ATTN: MICHEAL BILY 5445 N ELSTON AVENUE CHICAGO, IL 60630

RE:	US EPA ID Numb	er <u>ILD 02</u>	6 330 969	-	
	Location:	4400 \	W OHIO STREET	•	
		CHICAG	GO, IL 60624	•	
In re	esponse to your	correspondence	of <u>03/07/97</u>	,	the following
infor	mation has been	updated:			
CONTA	CT PERSON CHANGE	E NUMBER:	MICHAEL BILY (773) 286-6400	AVENII IE	

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

cc: State Agency

File

label, affix it in the space at left. If any of the NOT ON PO INSTALLA-TION'S EPA I.D. NO. information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is I. STALLATION complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a INSTALLA-II. MAILING single site where hazardous waste is generated, PLEASE PLACE LABEL IN THIS SPACE treated, stored and/or disposed of, or a trans-ADDRESS porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-CATION before completing this form. The LOCATION OF INSTAL information requested herein is required by law IIL (Section 3010 of the Resource Conservation and LATION Recovery Act). FOR OFFICIAL USE ONLY COMMENTS C APPROVED (yr., mo., & day) 96 6330 I. NAME OF INSTALLATION COMPANY ENVE S AMERIC L II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX 44 0 0 WES T I TR Ε E T O|H0 CITY OR TOWN ZIP CODE CHI CAG 0 I|L|6| 0 6 2 4 4 III. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER E WE HI 01 0 0 CITY OR TOWN ZIP CODE IC 6 0 6 2 4 AGO L 6 H IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.) 3 3 3 6 0 0 T IGH V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER DETACH 8 H CROWN OMPANY E | N | R15 16 B. TYPE OF OWNERSHIP (enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) X A. GENERATION B. TRANSPORTATION (complete item VII) F = FEDERAL M = NON-FEDERAL M C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es)) C. HIGHWAY E. OTHER (specify): A. AIR B. RAIL D. WATER VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below. C. INSTALLATION'S EPA I.D. NO. MA. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C) IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information CION V

EPA Form 8700-12 (6-80)

				W		1/A C
DESCRIPTION OF HA	ZARDOUS WAST	ES (continued from fi	ont)			
HAZARDOUS WASTES FF waste from non-specific so				40 CFR Part 261.31	for each listed hazardou	IS
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49	50	51	52	53	54	
CHARACTERISTICS OF Nazardous wastes your insta	llation handles. (See	23 - 26  RDOUS WASTES. Mark 40 CFR Parts 261.21 - 2	23 - 26 "X" in the boxes corre: 61.24.)	The Section 1997 of the Se	cteristics of non-listed	
(D001)	(DC	002)	(D003)		(D000)	
CERTIFICATION  certify under penalty of tached documents, and believe that the submitt	that based on my	inquiry of those indi	viduals immediately	responsible for ol	taining the informati	ion,
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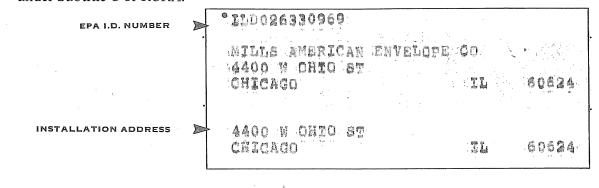
VICEPRIESIDENT MFG

EPA Form 8700-12 (6-80) REVERSE



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



11/30/03

M12-1-83



EPA Form 8700-12B (4-80)

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER		® ILD026330969	
	•	MILLS AMERICAN ENVELOPE CO 4400 W OHIO ST CHICAGO IL	60624
INSTALLATION ADDRESS		4400 W OHIO St CHICAGO IL	60624

EPA Form 8700-128 (4-80)

12/29/83



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5 77 WEST JACKSON BOULEVARD CHICAGO. IL 60604-3590 M△

MAR 23 1995

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Riddon

Environmental Protection Specialist

B. SUBSEQUENT NOT (FIGATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

			<u>_</u>	.D. – FOR OFFIC	IAL USE ON HAZARI	OOUS WA
			V	<u>'                                    </u>	13 17	CATION
IX. DESCRIPTION OF HAZAI A. HAZARDOUS WASTES FROM	RDOUS WASTES (C	ontinued from fron	digit number from 40	CFR Part 261.31 for ea	ch listed hazardous	V 11.1077
A. HAZARDOUS WASTES FROM waste from non—specific sources	your installation hand	les. Use additional she		5	6	- The state of the
23 - 26 2	8	3 23 - 26 9	23 - 26	23 - 26	23 - 26 12 23 - 26	A DETACH A
B. HAZARDOUS WASTES FROM specific industrial sources your in	SPECIFIC SOURCES.	Enter the four—digit e additional sheets if n	number from 40 CFR in the cessary.	Part 261.32 for each list	ed flazardous Waste From	
13 F 0 0 2 23 - 26 19	14 F O O 3 3 26 20 26 26	23 - 26 21 23 - 26 27	23 - 26 22 23 - 26 25 - 28	23 - 26 23 23 - 26 29	23 - 26 24 23 - 26 30	į
C. COMMERCIAL CHEMICAL Pl stance your installation handler	RODUCT HAZARDOL	IS WASTES. Enter the	e four—digit number fronal sheets if necessary	om 40 CFR Part 261.33 /-	for each chemical sub-	
31 23 - 26 37 26 43	32 23 - 26 38 23 - 26 44	33 23 - 26 39 23 - 26 45	34 23 - 26 40 23 - 26 46	35 23 - 26 41 23 - 26 47	36  23 - 26  48  23 - 26	y de la constant de l
D. LISTED INFECTIOUS WAST hospitals, medical and research	ES. Enter the four-di	git number from 40 Cl allation handles. Use	FR Part 261.34 for eac additional sheets if nec	essary.		
49	50	<del>                                    </del>			stristics of non—listed	
E. CHARACTERISTICS OF NO hazardous wastes your installa	N-LISTED HAZARD	OUS WASTES. Mark CFR Parts 261.21 - 2	"X" in the boxes corre 61.24.)	sponding to the characte		
hazardous wastes your instanta		. CORROSIVE	☐3. REAC (D003)		☐4. TOXIC (D000)	AD
X. CERTIFICATION  I certify under penalty of		manally araminad	and am familiar wit	h the information su	bmitted in this and a	
I certify under penalty of attached documents, and I believe that the submitted mitting false information,	The Danca on the	ue, acourate, and co lity of fine and imp	omplete. I am aware vrisonment.	that there are signif	ining the information icant penalties for sub	CHA
SIGNATURE	P-OL	NAME & OFF	RIZSIDEK		10/20-183	
EPA Form 8700-12 (6-80) RE	VERSE ()					

RESPONDENT CONTACT RECORD (RCR) Company Name Facility ID Number III LD 10 2 63 3 0 9 6 9 1 Zip Code State Company Address Tejephone Number (including area code) CONTACT RECORD Contractor's Name Items discussed/resolution Date

#### Mills-American Envelope Company



IL0026330969 G

December 14, 1983

U.S. Environmental Protection Agency Office of Solid Waste 401 M Street SW Washington, D.C. 20460

Dear Sirs:

We have received no response in answer to our letter for Notification of Hazardous Waste Acitivity dated October 26, 1983. Please supply us with any information you have.

Sincerely,

William R. Light

Welson R. L

Vice President of Manufacturing

FOR OFFICIAL USE ONLY				1146 1411
COMMENTS				
C 15 16				
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)	-		55	]
F 1				
I. NAME OF INSTALLATION	(1)	Sir You	in this to ever	A A Date 1
MILIS-AMERICAN ENVELOPE COMPANY				
II. INSTALLATION MAILING ADDRESS	1.00	ir in the Hills	57   	A FILL WELL
STREET OR P.O. BOX			7. 对为中国的"关系	
6 3 4 4 0 0 WEST OHIO STREET				
CITY OR TOWN ST. ZIP CODE	7			
6 CHICAGO ILL6 0624	+			
III. LOCATION OF INSTALLATION		10 (304 A )	William Her	later halfall
STREET OR ROUTE NUMBER	the state of the same	51-12-12-12-12-12-12-12-12-12-12-12-12-12		
5 4 4 0 0 WEST OHIO STREET				
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6 C H I C A G O I L 6 0 6 2 4	+			
IV. INSTALLATION CONTACT	in the state of th	Saff Soft	Children with	
NAME AND TITLE (last, first, & job title)	HONE	10. (area	code & no.)	
2 LIGHT WILLIAM V.PMFG. 31	1 2-	5 3 3	-670	0
V. OWNERSHIP	48	49 - 51	1 1 52	55
A. NAME OF INSTALLATION'S LEGAL OWNER		e de la company		- 11 11 12 17 17
8 H E NR Y C ROWN C O MPANY				
B. TYPE OF OWNERSHIP (enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X"	" in the	e approp	riate hox	esli
F = FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL				
56 59 59 UNDERG		D INJEC.	TION	
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	41.7	Part Line	y water	<b>建</b>
A. AIR B. RAIL GC. HIGHWAY D. WATER SE. OTHER (specify	ı):			
VIII. FIRST OR SUBSEQUENT NOTIFICATION		are A 15/13	ry Zurkh	inder the c
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous will this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	aste act	ivity or a	subsequent	notification.
Maholoz	C. II	NSTALL	ATION'S EI	PA I.D. NO.
A. FIRST NOTIFICATION   B. SUBSEQUENT NOTIFICATION (complete item C)				
IX. DESCRIPTION OF HAZARDOUS WASTES	1110	market Photosics	العرقين المراث	St. St. and St. Market and St. at

Please go to the reverse of this form and provide the requested information.

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I.D. - FOR OFFICIAL USE ONL

			STES (continued from f		"基础是相似的情况是这种相	<b>地位的</b>	2-11-11
A. HAZA waste	ARDOUS WAST from non—spec	TES FROM NON—SPECIF	IC SOURCES. Enter the find in handles. Use additional	our—digit numbe sheets if necessa	r from 40 CFR Part 261 ry.	.31 for each listed hazard	Ous
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B. HAZA	RDOUS WAST	ES FROM SPECIFIC SOL	JRCES. Enter the four-di	git number from	40 CER Part 261 32 for	each listed hazardous was	te from
specifi	c industrial sou	rces your installation hand	dles. Use additional sheets	if necessary.	1	1	
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C COMM	AEDCIAL CHE	MICAL DECENICE HAZA	23 - 26	23 - 26	23 - 26	23 - 26	
stance	your installation	on handles which may be a	RDOUS WASTES. Enter to hazardous waste. Use add	the four—digit nui litional sheets if n	nber from 40 CFR Part ecessary.	261.33 for each chemical	sub-
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D. LISTE hospita	D INFECTIOU als, medical and	S WASTES. Enter the for research laboratories you	ur-digit number from 40 C r installation handles. Use	FR Part 261.34 fadditional sheets	or each listed hazardous if necessary.	waste from hospitals, vet	erinary
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E. CHAR. hazard	ACTERISTICS ous wastes your	OF NON-LISTED HAZA installation handles. (Sec.	ARDOUS WASTES. Mark of the ARDOUS WASTES. MARK o	"X" in the boxes 61.24.)	corresponding to the ch	aracteristics of non-listed	1
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I certij	y unaer pena	ilty of law that I have	personally examined a	nd am familiar	with the information	n submitted in this an	d all
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mitting	false informa	tion including the not	true, acourate, and consibility of fine and impr	mpiete. I am ai	vare that there are s	ignificant penalties for	sub-
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SIGNATU	RE	D 0	NAME & OFFI	CIAL TITLE (typ	e or print)	DATE SIGNED	
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EPA Form	n 8700-12 (6-80	) REVERSE ( )					